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## Items of Interest:

- Hospital Corpsman 3rd Class (FMF) Ricardo Guzman-Hernandez** Naval Branch Health Clinic Key West, received the Joint Service Commendation Medal. The Secretary of Defense awarded the medal to Guzman-Hernandez for his outstanding service during his recent eight-month deployment to Iraq. Guzman-Hernandez was deployed as a hospital corpsman to 16<sup>th</sup> Battalion, 7<sup>th</sup> Brigade, 5<sup>th</sup> Division. He meritoriously served in Fallujah, engaged in Operation Clean Sweep where he successfully trained more than 500 Iraqi soldiers in buddy and self-aid.
- Naval Health Care New England (NHCNE)** has achieved accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). To receive the accreditation, NHCNE demonstrated compliance with JCAHO's national standards for health care quality and safety.

# Navy and Marine Corps Medical News

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## Wreath-Laying Ceremony Held in Honor of Navy Caregivers

By Christine A. Mahoney, Bureau of Medicine and Surgery Public Affairs

**WASHINGTON** – Navy Medicine commemorated the 107<sup>th</sup> anniversary of the Hospital Corps and paid tribute to Sailors who provided medical and dental care to their fellow service members with a wreath-laying ceremony at the Navy Memorial June 15.

Navy Medicine Sailors have provided care to their fellow Sailors and Marines for the past 163 years. With a force of 23,000 active duty and Reservists members, the Hospital Corps officially celebrated its birthday, Friday, June 17.

"This wreath-laying ceremony is to honor the Navy Medical Sailors

who have made the ultimate sacrifice for freedom, and in support of the Navy and Marine Corps team. They risk their lives everyday to rescue our fallen Sailors and Marines," said Rear Adm. Nancy Lescavage, NC, Commander, Naval Medical Education and Training Command, Bethesda, Md.

Rear Adm. (Ret.) Richard A. Buchanan, President and Chief Executive Officer of the United States Navy Memorial hosted the event. Lescavage and Department of the Navy Bureau of Medicine and Surgery (BUMED) Force Master Chief Jacqueline L. DiRosa were honored

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Rear Adm. (Ret.) Richard A. Buchanan, President and Chief Executive Officer of the U.S. Navy Memorial; Rear Adm. Nancy Lescavage, NC, Commander, Naval Medical Education and Training Command (NETC); and Force Master Chief Jacqueline L. DiRosa, Navy Bureau of Medicine and Surgery (BUMED) pay respects to the Navy Hospital Corps at the Navy Memorial in Downtown Washington, D.C. A wreath was placed at the Lone Sailor to commemorate the Hospital Corps Birthday, June 17. U.S. Navy Photo by Christine A. Mahoney, Bureau of Medicine and Surgery Public Affairs



Former Hospital Corpsman 3rd Class Kenneth R. Braun stands in a place of honor June 14, at the site of the Iwo Jima Memorial, after being awarded our nation's second highest decoration—the Navy Cross. As the citation read, Braun received the distinguished award for extraordinary heroism as corpsman, command group, India Company, 3rd Battalion, 9th Marines, 3rd Marine Division, Fleet Marine Force, Pacific in connection with combat operations against North Vietnamese regular forces in the republic of Vietnam, March 30 and 31, 1967. *U.S. Marine Corps Photo by Lance Cpl. Jordan Welner.*

## Hospital Corps Standing Tall on Tradition, Valor, Sacrifice

By Andre Sobocinski, Bureau of Medicine and Surgery, Office of the Historian and Navy Medicine and Magazine

**WASHINGTON** - Great institutions are built on sturdy foundations of principle. Standing strong and shining brightly among these institutions is surely the Navy's Hospital Corps which celebrates its 107<sup>th</sup> birthday, June 17, 2005. After all of these years the corps stands as a giant rock resting firmly on a bedrock of tradition, valor, and sacrifice.

In 1799, Congress provided some Sailors be specially appointed to attend to "sick and hurt men in a place of the ship set apart for that purpose." This "place" became the sick bay and these Sailors were called attendants or "loblolly boys." Named after the thick, unpleasant porridge that they rationed out to the infirm, loblollies oversaw the ship's supplies and provisions and were required to prepare "nourishment for the sick." They were to report to the surgeon and surgeon's mate, and "every morning at 9 o'clock ring the ship's bell" calling all casual cases to the gun deck for treatment.

Over the course of the next 99

years, a need for trained medical enlisted personnel grew with every conflict and humanitarian operation. Foreign navies had their own equivalent of a hospital corps, and in 1887 the U.S. Army obtained authorization for their own Medics. In 1893, Navy Surgeon General J. Rufus Tryon pleaded that the U.S. Navy needed its own corps of medical enlisted personnel.

Congress finally took heed. In 1898, a bill aimed at priming the armed forces for war, which included a section allowing for the establishment of a Navy Hospital Corps, was introduced. The bill was approved by President William McKinley on June 17, 1898. From that date to the present, medical Sailors have been called "hospital corpsmen".

Some of the most famous heroes of Iwo Jima were hospital corpsmen. PhM2c John H. Bradley continually ran to the aid of wounded Marines under intense fire and pulled one Marine 30 yards, through heavy fire, to a place of safety. We remember Bradley as one of the flag raisers immortalized atop Suribachi, in a photo by Joe Rosenthal, "The most famous image to come from World War II".



HN Dennis Howe treats a wounded Marine during the battle of Hue City in 1968. *BUMED Archives Photo provided by Andre Sobocinski, Office of the Historian and Navy Medicine Magazine.*

In May 2005, this country laid to rest Hospital Corpsman 3rd Class Malcolm Miller, who had gone MIA in Khe Sanh, Quang Tri Province, Vietnam 38 years ago. He was one of 12 hospital corpsmen listed as MIA in Vietnam, and one of 638 to make the ultimate sacrifice during the tumultuous years of this conflict.

As we take great pride in the 107th anniversary of the Navy's Hospital Corps, we should remember all who represented the Corps and served our nation so well.

## EMF Dallas Doctors Visit Kearsarge

By Journalist 1st Class (SW) Robert Keilman, USS Kearsarge Public Affairs

**PERSIAN GULF** - Naval Reserve medical doctors from Expeditionary Medical Facility (EMF) Dallas visited the amphibious assault ship USS Kearsarge (LHD 3) May 27 and 28 in the Persian Gulf.

The doctors, who are deployed to Camp Arif Jan (CAJ) hospital in Kuwait, came aboard Kearsarge to tour the medical facilities, discuss support available ashore and provide training.

"While on board, the physicians toured our medical facilities to see what types of capabilities we had," said Lt. Rashad Wilkerson, Kearsarge's general medical officer. "They also gave the ship's doctors some medical refresher training on

specific subject areas, such as psychiatric diagnosis and orthopedics."

The EMF physicians included a neurologist, orthopedic surgeon, psychiatrist, dentist, physical therapist and an internal medicine specialist with a dual specialty in psychiatry. A patient care administrator and a Navy hospital corpsman orthopedic technician also accompanied this group.

"We're here to support the Kearsarge and the Kearsarge Expeditionary Strike Group (ESG) by serving as their backup for patient care," said Capt. Jack Riggs, commanding officer of the EMF. "We have several treatment facilities at Camp Arif Jan with physicians of various specialties to satisfy all medical care needs."

Riggs added that the CAJ hospi-

tal's treatment facilities provide medical service to Kearsarge through the use of their Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) equipment, as well as Family Practice and Obstetrics and Gynecology clinics.

During their two-day tour, physicians from EMF not only explored Kearsarge's medical facilities, but also provided refresher training to Kearsarge medical team.

"One of the doctors, who was a psychiatrist, gave us some refresher training on how to help members adjust to Navy life," said Wilkerson.

"The psychiatrist reviewed a few of the cases that I've been working

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## Wreath-Laying Ceremony continued...

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quests and participants in the ceremony.

The Navy Medical Department plays a very important roll in our service members lives. Whether in combat, on a ship or at a medical facility, corpsmen are relied upon to keep those individuals operating on our ships and around the world healthy, and often mend to their

wounds that help keep them alive," said Buchanan. "These Sailors have proven they are willingly accepting this responsibility and continually perform on a level far above what is expected of them. In addition, service members place trust and their confidence in them, to take care one of the most important things in their lives, their families."

With the Color and Honor

Guards standing at attention on both sides of the Lone Sailor, a wreath was placed at the foot the statue as a token of honor to all Hospital Corpsmen, past, present and future.

"Today we celebrate 107 years of service, service above and beyond the call of duty, whether it is on the battlefield or at sea, or whether it is at home, or a humanitarian relief effort Navy Medical and our Hospital Corps are always there any time we need," said DiRosa.

## Manage Your Stress "Online"

By Hugh Cox, Navy Environmental Health Center Public Affairs

**PORPSMOUTH, Va.** - The Navy Environmental Health Center, Portsmouth Virginia (NEHC) launched a web-based tool, the Navy Systematic Stress Management Program (NSSMP), to assist active duty Sailors and Marines, family members and retirees, in managing stress.

This program is the latest innovation in NEHC's health promotion community health awareness campaign, offering strategies for prevention, management and early intervention for stress. The *DoD Survey of Health Related Behaviors*, which measures the levels, sources, impact of stress and the coping strategies used by the military, has helped validate the need for the program. Based upon the results from the most recent survey, high levels of work-related stress were reported, acknowledged, and were consistent across all

services, with the Navy and Marine Corps topping the list. The most frequently mentioned stressors were family separations and deployments.

According to Dr. Mark Long, NEHC's program specialist for stress management, "We all face stress everyday. All of us can benefit from and improve our stress control strategies and stress busting skills. Stress is part of daily living. The better we can cope with stress, the better we can deal with life, work, relationships and other stressors!"

An equally important component of NSSMP is the program supports healthcare providers, supervisors, or anyone else involved in stress management intervention, as well as individuals using the program as a "self-help" tool. In other words, any active duty Sailor or Marine, or family member or retirees, looking for stress management assistance can use the tool if they have access to a personal computer.

Anyone who has access to a computer can use the program, which is available 24 hours a day, seven days a week.

## Sailors Reflect on Historic Mission of Mercy

By Journalist 1st Class Joshua Smith, Military Sealift Command Public Affairs

**WASHINGTON** - Military Sealift Command hospital ship USNS Mercy (T-AH 19) returned June 8 from her first deployment in 14 years.

Following the devastating tsunami that struck Southeast Asia Dec. 26, Mercy was given less than five days to deploy from her lay-berth in San Diego. Mercy sailed for Banda Aceh, Sumatra, Indonesia, Jan. 5, one of the region's most devastated areas following the tsunami.

For this mission, Mercy did something no other Navy crew had done before - integrate with members of the non-governmental organization Project HOPE (Health care Opportunities for People Everywhere).

"This deployment as a whole was a life learning experience. The opportunity to deploy in a joint operation with a non-governmental organization is not something our Sailors have the opportunity to do every day," said Chief Hospital Corpsman (SW/FMF) Patrick Nardulli. "I believe we learned as much from them as they learned from us."

From Feb. 6 to March 16, the ship's combined U.S. Navy and Project HOPE medical staff treated more than 9,500 patients and performed 19,512 medical procedures.

Following Mercy's completion of her mission in Banda Aceh, the ship sailed east to return to San Diego, stopping along the way in Alor, Indonesia, and Dili, East Timor, to conduct Medical and Dental Civic Action Programs. Mercy's medical teams treated more than 8,000 pa-

tients in six days.

Tragedy struck Indonesia once again March 28 when an 8.7 magnitude earthquake hit Nias Island. In less than 72 hours, Mercy turned around and sailed back to Indonesia to bring emergency care to local residents.

After departing Nias Island, Mercy stopped in Papua New Guinea to provide aid to Manam islanders who fled their homes after a major volcanic eruption. Mercy's medical team performed 36 surgeries, gave more than 10,000 immunizations, and trained local health care providers at Modilon General Hospital in Madang.

Mercy's homecoming marked the end of a truly exceptional mission. In six months, Mercy traveled 36,000 nautical miles, treated more than 100,000 patients and performed nearly 500 surgeries.

## Naval Hospital Pensacola Becomes First DoD Hospital to Implement Electronic Intravenous Medical Information System

By Rod Duren, Naval Hospital Pensacola, Fla., Public Affairs Officer

**PENSACOLA, Fla.** - Naval Hospital Pensacola has become the first military treatment facility, to implement a unique anesthesia information management system into its operation rooms that will integrate with an intravenous (IV) medication system to help increase patient safety.

"It's like having a quiet partner in the operation room", said Commander Craig Bonnema, Navy anesthesiologist and director of surgical services at Pensacola. "In delivering anesthesia medications during a surgical case, the system will check, monitor and record data while an anesthesiologist can devote additional attention to the patient."

The operating suite is a high-risk, high-visibility, resource-intensive area of the hospital that generates high workloads, said Bonnema. "The information management system will improve an already high level of safety for our

surgical patients and allow us to justify the dedication of resources and personnel to our surgical departments."

The Anesthesia Clinical Information Management (DocuSafe) and IV Medication Management (DocuJect) System, produced by DocuSys, was implemented in the Pensacola hospital in April. The system generates automated anesthetic records and a database that greatly improves operating suite management and workload capture.

The system provides multiple patient-safety checks beginning in the inpatient pharmacy. Bar-coding technology is used to individually identify each medication in association with a specific patient.

"We pre-package all meds for Anesthesia with a bar-code as well as assure the necessary meds are delivered in pre-made anesthesia trays daily, says Lt. Brian Harrison, inpatient pharmacy director.

"With the program, I can account for all medications prepared and keep a current log of all controlled medications as well," said Lt.

Brian Harrison, inpatient pharmacy director. "The bar-coding assures the right patient, is given the right med, at the right time, by the right provider."

The new system also offers digital imaging which detects and records intravenous (IV) drug administration in real-time and provides timely alerting information for possible drug interactions or allergies. The anesthesiologist maintains control and makes an informed decision on whether to abort or continue with the delivery of anesthesia.

"This system, along with the arrival of an electronic medical record and region-wide pharmacy robotic system, is just some of the examples of how Naval Hospital Pensacola and Navy Medicine are harnessing technology to heighten efficiency and patient safety," says Capt. Matt Nathan, commanding officer. "Naval Hospital Pensacola is proud of the fact that it is always looking to leading-edge ideas and technology," he said.

## TQ Docs Thrive on Keeping Patients Alive



U.S. Navy Surgeons, Nurses, and Corpsmen, of the 2D FSSG SSTP, treat a wounded Iraqi man, inside the SSTP emergency room on Camp Al Taqaddum, Iraq. Iraqi man received fragmentation wounds to his back and head from an IED, during a convoy. USMC photo taken by LCpl Brian A. Jaques , 2nd Force Service Support Group

By Sgt. Kristin S. Jochums, 2nd Force Service Support Group

**CAMP TAQADDUM, Iraq** - The Sailors of the Surgical Shock Trauma Platoon (SSTP), otherwise known as Taqaddum (TQ) Surgical, have one of the toughest jobs of war: saving the lives of those critically wounded.

The SSTP receives U.S. military service members and contractors, Iraqi Security Force soldiers, local nationals and enemy insurgents as patients. They take care of anyone who is brought to them.

"Medically, we can separate ourselves from who the patients are before they get here and deal with them just as patients," said Navy Lt. Tim K. Stacks, anesthetist nurse and one of three En Route Care nurses for the SSTP.

The SSTP team is made up of doctors and nurses from various commands from the Southern East Coast. Most of the enlisted are from 2d Medical Battalion at Camp Lejeune, N.C., while some are from Naval Medical Center Portsmouth, Va.

Averaging more than 60 patients a month, the SSTP's mission is to provide Level II emergency care and surgical intervention to those critically injured in combat.

"Think of it as a local trauma hospital in Los Angeles," said Hospital Corpsman 1st Class Jeremy L. Simon, independent duty corpsman, SSTP, Combat Logistic Regiment 25, 2d Force Service Support Group. "We do just about the same procedures for a gun shot victim here as they would do there."

The SSTP is here to stabilize personnel who come in and send them on to further treatment, whether going to the operating tent or moving to a higher echelon of care.

"We sort out who needs to be immediately stabilized and then we move them to where they need to be," said Lt. Cmdr. John J. Moll, general surgeon for the SSTP. "We only have the capability to operate on two or three patients at a time."

The SSTP never sleeps and the doctors and corpsman are always ready to save the life of anyone.

## EMF Dallas continued...

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with," added Lt. Heather Ventura, a staff physician for Kearsarge's embarked Fleet Surgical Team 4. "He also gave me some training on medications for certain key disorders."

In addition to training, the EMF's

orthopedic surgeon gave advice on how to treat shoulder and knee problems, while simultaneously providing consultation on some of Kearsarge's Sailors.

"Visiting Kearsarge was a great experience because a lot of us, being medical Reservists, have never been on a Navy ship before," said Cmdr. Michael Chapman, a physical therapist for EMF Dallas. "We're deployed to an Army base and never really get to do things Navy-related. This was a great chance for us to see Kearsarge's medical capabilities, and at the same time, offer some of our services to the ship's crew."

"It's nice to know that you have people out there always willing to support us from a medical standpoint and to help out the Sailors," said Ventura.



Lt. Mitch Paynter and Dental Technician 3rd Class Eddy Cardenas perform a filling operation on a patient aboard the Nimitz-class aircraft carrier USS Abraham Lincoln (CVN 72). Lincoln and Carrier Air Wing Two (CVW-2) are currently conducting routine flight operations off the coast of Southern California. U.S. Navy photo by Photographer's Mate Airman Timothy C. Roache Jr.

Bureau of Medicine and Surgery  
2300 E Street NW  
Washington, DC 20372-5300  
  
Public Affairs Office  
Phone: 202-762-3317  
Fax: 202-762-1705